


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 08:00 A**  
**Secretary of State**

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # 324521</b><br>1. Entity Name<br><b>INDIAN RIVER ELECTRIC, INC.</b>  |  |                                 |  |   |  |
| Principal Place of Business<br><b>1114 OLD DIXIE<br/>STE #5<br/>VERO BEACH FL 32960<br/>US</b>  |  |                                 | Mailing Address<br><b>P. O. BOX 2166<br/>VERO BEACH FLA 32961<br/>US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc                                 |  |  |
| City & State  |  |                                 | City & State   |  |  |
| Zip   | Country  | Zip                             | Country  | 4. FEI Number <b>59-1201335</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARKER, JUDSON P., JR.<br/>3350 57TH AVENUE<br/>VERO BCH. FL 32966</b>  |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |                                 |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | <b>P</b><br><b>BARKER, JUDSON P.</b><br><b>3350 57TH AVE</b><br><b>VERO BEACH FL 32966</b>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-weight: bold;">             000000247391<br/>             03/01/05-80020-011 150.00           </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | <b>S</b><br><b>BARKER, JACK H</b><br><b>1925 71ST AVE</b><br><b>VERO BEACH FL 32966</b>      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | <b>T</b><br><b>BARKER, JASON E</b><br><b>1647 SUN GAZER DR.</b><br><b>ROCKLEDGE FL 32955</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Judson P. Barker, Jr.** **2/10/05** **772-567-5302**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President**